required)

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

5541-003 **Attorney Docket Number DECLARATION FOR UTILITY OR** Jeffery L. Clark, et al. **First Named Inventor DESIGN** PATENT APPLICATION **COMPLETE IF KNOWN** (37 CFR 1.63) **Application Number** □ Declaration □ Declaration Filing Date Submitted Submitted after Initial OR With Initial Filing (surcharge Group Art Unit Filing (37 CFR 1.16 (e))

Examiner Name

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, fi are listed below) of the subj	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled							
RETAIL ADVERTISING METHOD								
the specification of which	the specification of which (Title of the Invention)							
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
Application Number	and	d was amended on (MM/DD/Y	YYY)	((ıf applicable).			
I hereby state that I have revies specifically referred to above	wed and understand the conte	nts of the above identified spe	ecification, including	the claims as am	ended			
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	y Attached?			
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO			
	I .							
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto								
I hereby claim the benefit under 35 U S C 119(e) of any United States provisional application(s) listed below								
ApplicationNumber(s) Filing Date (MM/DD/YYYY)								
			Additional p					

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

<u> </u>									
Direct all correspondence to.						OR	Ø	Correspondance address below	
Name	William J. Mas	son							
Address	MacCORD MA	ASON PLLC	;						
Address	2004 Eastwoo	od Road, Sur	rte 201						
City					State		ZIP)	
Wilmington					NC		2840	03	
Country		T	elephone					Fax	
USA			910) 256-3557				<u> </u>	0) 256-0523	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOL	E OR FIRST I	INVENTOF	₹:		A petition has be	een filed fo	r this	s unsigned inventor	
Given Name Jeffery L.				Family Name Clark or Surname					
Inventor's Signature				>			D	Pate; 7/31/01	
Residence: City	IWY)	i	State	Cc	ountry		Tc	itizenship	
Wilmington			NC	US				ISA	
Mailing Address	1119	Potomac	Court					-	
Mailing Address	;								
City		State		ZIP	IP Country				
Wilmington		NC	Í	28411		USA			
NAME OF SEC	OND INVENT	OR:							
				 _	A petition has be	een filed to	r this	s unsigned inventor	
Given Name Jonathan P.				Family Name Siembor or Surname					
Inventor's Signature			Dat	Date 7/31/61					
Residence: City	//		State	Со	Country			Citizenship	
Andover			ОН	- 1	USA			USA	
Mailing Address 5900 Beech Street									
Mailing Address	,								
City		State		ZII	ZIP			Country	
Andover		ОН			1			USA	
Additional in	ventors are bei	ing named c	on the suppl			s) sheet(s) F		SB/02A attached hereto.	

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Jeffery L. Clark, et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	5541-003	

I hereby appoint:								
Practitioners at Customer Number					Customer er Bar Code			
OR ⊠ Practitioner(s) na	med helow:		Į	Label h	ere			
23 - 124 (3) 112	Name Registration Number							
	William J. Mason 22,948							
	ZZ,940							
		-						
		_						
as my/our attorney/s)	or agent(s) to prosecute the application	idontifi	ad above, and to	transast	=!! !==	in the Date to 1		
Trademark Office con	nected therewith.	i identini	ed above, and to	liansact	an pusiness	in the Patent and		
Please change the co	rrespondence address for the above-ide	entified :	annlication to:					
	ned Customer Number.	andinou i	application to.					
OR								
⊠ Firm <i>or</i> Individual Name	William J. Mason							
Address	MacCORD MASON PLLC							
Address	2004 Eastwood Road, Suite 201							
City	Wilmington State NC ZIP 28403							
Country	Country USA							
Telephone	(910) 256-3557 Fax (910) 256-0523							
I am the:								
Applicant.								
Assignee of record of the entire interest See 37 CFR 3.71.								
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
	SIGNATURE of Applica	ınt or A	ssignee of Reco	rd				
Name Jeffery L	Clark, President							
Signature Signature								
Date 000 7/31/01								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
	ms are submitted.	, see Di	CIUVV .		-			

Burden Hour Statement This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231